

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
11	1					
12	1					
13		1				
14		1				
15	1					
16		1				
17		1				
18	1					
19		1				
20		1				
21	1					
22	1					
23		22				
24		12				
25						
26		1				
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34	1					
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36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42	1					
43		1				
44		1				
45	1					
46	1					
47		22				
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	50					
TOTAL CLAIMS	120					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
53												
54												
55												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												